Name in Full

Certificate of Death

Sallie A. Abbott

Town: Woodensburg County: Bell

Died at Woodensburg Bell MARYLAND

Dato 189 9 Month 5 Day 9 | Age Y. M. D. - | Native of Md. | Occupation Housewife

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living 4

Husband / Wife of Thomas Abbott

Father's Name Rathbaugh | Mother's Name

Cause of Death: Primary 22a | How long sick year

Immediate Consumption | Accident, Suicide, Homicide

Reported by Dr. Jas. H. Wilson

Address Fredsburg Md [redacted]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full Emma H. Ashley

Certificate of Death

Died at Town Canton County Baltimore MARYLAND

Date 189 9 Month 5 Day 23 | Age Y. 32 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

~~Husband~~ Wife of Chas. H. Ashley

Father's Name John H. McDaniel | Mother's Name Adeline McDaniel

Cause of Death | Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Md. Journal 5-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70805

Name in Full

Certificate of Death

Andrew N Baird

Died at Town: Spanish Point County: Balto. MARYLAND

Date 189 9 Month: May Day: 21 | Age Y. 48 M. 5 D. 28 | Native of Scotland | Occupation Softsman

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~

Number of children living 3

Husband / Wife of Mary Porter 5-7

Father's Name David Baird. Mother's Name Ann Pinderson

Cause of Death — Primary: Cortic Insufficiency — How long sick 4 weeks

Immediate: Exhaustion.

~~Accident, Suicide, Homicide~~

Reported by Frank L Eldred M.D.

Address Spanish Point. Balto Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 78708

HEAL...

Permit No. A 5097 Off...

The Physician who attended any person in a last illness ... *accurately filled out* to the undertaker or other person superintending the burial, said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death—May 28 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Annie Black

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 60 *Years,* *Months* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housework

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, First, (Primary) Chronic Nephritis & Pericarditis

Second, (Immediate) As Chronic

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician

Place of Burial, ~~Wm. Hoffman~~ Hospital Anatomical purposes

Date of Burial, May 30 1899

E. M. Stevenson.

Undertaker,

Place of Business, Heathoff

J. M. Holland M. D.,
Medical Attendant.

Address Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

IRTH—Circumstances producing Death.

:—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full

Certificate of Death

John Edward Bennett

Town

County

Died at Md. Hospital for Insane Baltimore MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189 9 31 13 | Age 33 | Md | Farmer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name 45

Cause of Death — Primary: Chronic Nephritis

Immediate: Epilepsy

How long sick 2 weeks

Accident, Suicide, Homicide

Reported by Geo. C. Corbin M.D.

Address Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79869

Name in Full

J. B. Bailey

Certificate of Death

Died at Town Govans County Baltimore MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
May	13	34	6	13	Baltimore Co Md	Hotel Proprietor

Date 1899

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name Charles Bailey

Mother's Name Mary Fralond Bailey

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: two years

Immediate: Exhaustion. 22 a

~~Accident, Suicide, Homicide~~

Reported by A. Percy Smith, M.D.

Address Govans Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 29706

...ysicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 5094 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certific... *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death o... said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death May 31 99.

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Fredk Bayer

Sex, Male or ~~Female~~; {Cross out the words not required in this line.}

Age, 2-2 *Years,* ..... *Months* ..... *Days.*

Color, Colored

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Teamster

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give Street and Number.} U. S. Hospital

Cause of Death, First, (Primary) Acute Nephritis

Second, (Immediate) Uraemia

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician

Place of Burial, Laurel

Date of Burial, June 2-1899

Undertaker, Robt. A. Elliott

Place of Business, 504 Roset...

J. W. Holland M. D.,
Medical Attendant.

Address San Diego ~~University~~ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

Enumerated Below.

...M—Mode of Death.

SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Causc.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

HEALTH DEPARTMENT, CITY OF BALTIMORE.

No. A 5014 **Office of Registrar of Vital Statistics.** Ward 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 6 99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Matilda Boyer

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Mary land

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First (Primary) Senility

Second (Immediate) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hos for Anatomical purposes

Date of Burial, May 8-1899

J. T. Holland M. D.,
Medical Attendant.

Undertaker, E. M. Stevenson

Place of Business, Health office *Address* Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...inal Information is Requested in Relation to the Causes of I... Enumerated Below.

...EURISM—Mode of Death.

...CER. ...PINAL MENINGITIS—Variety, whether E... demic or simply Inflammatory.

CHILD...IRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 5090 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death May 31. 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} John Brousel

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, 72 *Years,* *Months* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, First, (Primary) Chronic Interstitial Nephritis

Second, (Immediate) Asthenia

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician

Place of Burial, Western

Date of Burial, June 2. 1899

Undertaker, Henry Schaefer

Place of Business, 316 S. Fremont

J. W. Holland M. D.,
Medical Attendant.

Address Bay View ~~Asylum~~ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

...ving Ac... ...is Requested in Relation to the Causes Enumerated Below.

...KISM—Mode of Death.

...ER SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Henry Hill Carroll

Town: Glencoe County: Balls Co MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899	May	4	Age 69.	5.		Maryland	Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 2

Husband / Wife of Mary Winchester Carroll — deceased

Father's Name Henry Carroll

Mother's Name Mary Steele Carroll

Cause of Death — Primary: Nebritis. 96 — How long sick: Two Weeks

Immediate: Pneumonia — Accident, ~~Suicide, Homicide~~

Reported by F. G. Mitchell

Address Verona P.O. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name In Full

Lucy Anna Connell

Certificate of Death

Died at Town Brandon Co Baltimore MARYLAND

Date 189 Month May Day 31. | Age Y 69 M. D. | Native of N Carolina | Occupation ~

~~Male~~ Female | White | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 7

~~Husband~~ Wife of St Geo. Connell. dec.

Father's Name Don't Know | Mother's Name Don't Know

Cause of Death — Primary: Indian of Stomach. - 143 | How long sick 5 weeks.

Immediate: Acquired Septic [illegible] | ~~Accident, Suicide, Homicide~~

Reported by E. H. Hocking.

Address 5 Fa St. Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full Thomas G. Carroll

Certificate of Death

Died at Town Catonsville County Baltimore MARYLAND

Date 189 Month 4 Day 6

Age Y. 42 M. D.

Native of Maryland

Occupation

Male ~~Female~~ White ~~Colored~~ Married Single ~~Widow~~ ~~Widower~~ Divorced

Number of children living

Husband of Wife Sophie Armstrong

Father's Name Thos. H. Carroll

Mother's Name 39a

Cause of Death: Primary Cerebral Hemorrhage

How long sick 6 hrs.

Immediate

Accident, Suicide, Homicide

Reported by C. Shirley Lord

Address Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full — Certificate of Death

George Chenoweth

Died at Town: Garrison — County: Baltimore — MARYLAND

Date 189 — Month: May — Dey: 16 — Age: Y. 75 M. D. — Native of: Baltimore Co Md — Occupation: Labor

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~

Number of children living 13.

~~Husband~~ / Wife of Ruth Orman

Father's Name: Wm Chenoweth — Mother's Name: Betsy Orman

Cause of Death — Primary: 141 — How long sick: In year

Immediate: Infirmities of old age — ~~Accident, Suicide, Homicide~~

Reported by Dr Campbell

Address Owings Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7588B

Attended by Dr. W. H. Hamilton
of Cowansville

Information contained in this certificate r
ceived from

at

Name In Full John R Claybaugh

Certificate of Death

Died at Town Reisterstown County Balto MARYLAND

Date 189 9 Month May Day 7 | Age Y. 13 M. D. | Native of Maryland | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number ~~of children~~ living

Husband of
Wife

Father's Name Frank Claybaugh

Mother's Name Laura Claybaugh

Cause of Death — Primary: Tubercular Meningitis — How long sick

Immediate — 22 D — Accident, Suicide, Homicide

Reported by H. M. Slade M.D.

Address Reisterstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Attended by Dr. H. M. Slade

of Ruisleip Town

Seen by Coroner .....

of .....

Information contained in this certificate received from .....

of .....

Name in Full — Certificate of Death

Cuthbert N. Cogbill 13th Dist.

Died at Town: Glenartney — County: Baltimore — MARYLAND

Date 1899 Month: May Day: 26 | Age Y. 22 M. 1 D. — | Native of: Virginia | Occupation: Mercantile

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living 1

Husband ~~Wife~~ of Eva J. Cogbill (Née Dean)

Father's Name — Mother's Name

Cause of Death: Primary — Crushed by fall of earth & stone

Immediate —

How long sick: Instantaneous

Accident, ~~Suicide, Homicide~~

Reported by Mrs. R. Earnshaw

Address Elk Ridge.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full Frederick Cole — Certificate of Death

Died at near Town Butler County Baltimore MARYLAND

Date 189 9 — Month 5 — Day 24 — Age Y. 60 M. D. — Native of — Occupation

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — Widow / Widower — ~~Divorced~~ / ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name 22 a

Cause of Death — Primary: Consumption — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Dem. May 3

Address Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Nama in Full

Certificata of Death

Anne Catharine Colhepp

Town: Inanor

County: Baltimore

Died at Inanor Baltimore MARYLAND

Date 1899 Month: May Day: 3

Aga Y.: 77 M.: — D.: —

Native of: Germany

Occupation: —

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of childran living

~~Husband~~ Wife of Christian Lintz

Father's Name: —

Mother's Name: —

Causa of Death — Primary: old age 141

How long sick: 18 days

Immediate: Subacute gastritis

~~Accident, Suicide, Homicide~~

Reported by T. H. Emory M. D.

Address Taylor Maryland

Must be signed by physician, if any in attendanca, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Certificate of Death

Emma Ray Coleman

Died at Town: Graus Town — County: Baltimore — MARYLAND

Date 189 — Month: 5 — Day: 22 | Age — Y.: 6 — M.: weeks — D.: | Native of: Md | Occupation: —

[redacted] / Female — White / Colored — [redacted] / Single — [redacted] / Widower — [redacted] / Divorced — Number of children living

Husband of / Wife: —

Father's Name: Chas. Coleman — Mother's Name: Emma Sherwood

Cause of Death — Primary: Spina Bifida — Immediate: Convulsions — 137

How long sick: all life

Accident, Suicide, Homicide

Reported by: E M Duncan

Address: Graus Town Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Town

County

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation

Date 189

Age

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

92

Cause of Death: Primary

How long sick

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79608

Name in Full

Certificate of Death

George Worthington Curtis

Died at Town: Parkville County: Baltimore MARYLAND

Date 1899 Month: May Day: 23 | Age: 5 Y. 11 M. | Native of: Md. Baltimore | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband / Wife of Bachelor 229

Father's Name: Eli Curtis

Mother's Name: Frances Curtis

Cause of Death — Primary: Tuberculosis — How long sick: 2 years

Immediate: Tuberculosis Enteritis — Accident, Suicide, Homicide

Reported by F. G. McKelvell

Address Verona Balto. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name in Full

Certificate of Death

Olivia A. Parks

Died at Town — Baltimore County MARYLAND

Date 189 Month 3 Day 16 | Age Y. M. D. | Native of Ca. | Occupation Housekeeper

~~Male~~ Female | ~~White~~ ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow Widower | ~~Divorced~~

Number of children living

Husband of Wife

Father's Name

Mother's Name

25e

Cause of Death — Primary: Carcinoma of breast

How long sick: 2 years

Immediate: Exhaustion

Accident, Suicide, Homicide

Reported by Dr. Howard D. Black

Address 1314 N. Eutaw St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698

Name in Full

Certificate of Death

Town — County

Died at MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189 | Age

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow ~~Widower~~ | Divorced

Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698

Name in Full

John Dohmer

Certificate of Death

Town: Hazlewood Ave County: Baltimore Co

Died at MARYLAND

Date 1899 Month: May Day: 24

Age: Y. 8 M. D.

Native of: America

Occupation: None

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children~~ living

Husband of Wife

Father's Name: John Dohmer

Mother's Name: Rose Dohmer

Cause of Death: Primary

Immediate: Convulsions 49

How long sick: 2 days

Accident, Suicide, Homicide

Reported by: C. W. D. Corse M. D.

Address: Gardenville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

...ial Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of t

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 5084 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 28/99.

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Elizabeth Dorn

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Germany - 42 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 717 First St -

Cause of Death, First (Primary) Chronic Bronchitis

Second (Immediate) Exhaustion.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, May 30

C. N. Athey M. D.,
Medical Attendant.

Undertaker, Wash. W. Duffy

Place of Business, Lombard St

Address 2. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

Additional Information is Requested in Relation to the Causes of Dea Enumerated Below.

ISM—Mode of Death.

ER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full William Englar

Certificate of Death

Died at Town Towson County Baltimore MARYLAND

Date 189 Month May Day 7 | Age Y. 68 M. 3 D. 27 | Native of Md. | Occupation Merchant

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / Widower | ~~Divorced~~ | Number of children living 3 & 1 step

Husband / Wife of Sarah Jane Englar

Father's Name Conrad Englar | Mother's Name Mary Englar

Cause of Death — Primary: Cardiac Dropsy — How long sick

Immediate: 5-7 — Accident, Suicide, Homicide

Reported by D. H. Garrett

Address Towson Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7986B

Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of th

Health Department, City of Baltimore,

Permit No. A 5766 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Mary Finn

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} F

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, W. W.

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Ireland 2 9 years in Balto Co

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give Street and Number.} 316 N. Clinton St. County Balto Co

Cause of Death, First (Primary), Chronic Endocarditis - Mitral Regurgitation

Second (Immediate), Ascites

Duration of Last Sickness, About 14 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, May 26th 99

Undertaker, J. Dipford and Son

Place of Business, 330 S. Broad St. *Address,* 910 Canton St

J. L. Rustard M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Uudertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

ISM—Mode of Death.

ER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

HEALTH DEPART[illegible] ORE.

Permit No. A 5000 **Office of Regist[illegible]** Ward .....

The Physician who attended any person in a last illness is responsible for the pres[illegible] is Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four* [illegible] after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 3, 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Mary Gorman.

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, Thirty one (31) *Years,* — *Months,* — *Days.*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, Twenty six (26) years.

Place of Death, {Give Street and Number.} St Agnes' Hospital.

Cause of Death, First (Primary) Pulmonary Tuberculosis.

Second (Immediate) Asthenia.

Duration of Last Sickness, Four (4) months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 6

D F O'Connor M. D.,
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 1013 Central

Address St. Agnes' Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

JOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...URISM—M...

CER. SPINAL ... ...ER

Epidemic or ... ...nflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

...TIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full

Certificate of Death

Archibald Grant

Died at Town Grantsville County Garrett MARYLAND

Date 1899 Month May Day 4 | Age Y. 23 M. 11 D. 22 | Native of Md | Occupation Stone Cutter

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

22 f

Father's Name Chas. S. Grant | Mother's Name Isabel R. Grant

Cause of Death: Primary Acute Miliary Tuberculosis | How long sick 7 weeks

Immediate Pulmonary Hemorrhage | ~~Accident, Suicide, Homicide~~

Reported by Dr. F. Shipley Md

Address Grantsville Garrett Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Rachel A Gruber

Died at Town: Fairview County: Balt MARYLAND

Date 189 9 Month 3 Day 1 | Age Y. 63. M. 10 D. | Native of Md | Occupation Housewife

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living 8

Husband / Wife of John Gruber

Father's Name | Mother's Name

Cause of Death: Primary Carbuncle 12 8 — How long sick 3 wks

Immediate Blood Poison — Accident, Suicide, Homicide

Reported by Dr Jas H Williams

Address Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name In Full

Certificate of Death

Town

County

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation

Date 189

Age

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Name in Full Frank Hanglis

Certificate of Death

Died at Town Rosedale P.O. County Balto MARYLAND

Date 1899 Month 5 Day 16 Age Y. 7 M. O. D. Native of Occupation

Male ~~Female~~ White Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Jas. Hanglis Mother's Name 1456

Cause of Death: Primary Killed by lightning — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Balto. C. Democrat

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78895

Nama In Full Carlin Hardee

Certificate of Death

Died at Town Carroll County Baltimore MARYLAND

Date 189 9 Month 5 Day 20 | Age Y. 65 M. D. | Native of | Occupation

~~Male~~ Femele | White Colored | Married ~~Single~~ | Widow Widower | Divorced Number of children living

~~Husband~~ Wife of Thos. J. Hardee

Father's Name | Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Ind. Journal 5-27

Address

Must be signed by physicien, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7888R

Name In Full

Certificate of Death

Town

County

Died at [illegible] MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189		Age				

Male / Female

White / Colored

Married / Single / Widow / Widower / Divorced

Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Mrs. Catherine Hurley

Town — County

Died at — MARYLAND

Date 189	Month	Day	Age Y. M. D.	Native of	Occupation
	9	12			

~~Male~~ Female — White Colored — ~~Married~~ ~~Single~~ — Widow ~~Widower~~ — ~~Divorced~~ — Number of children living 8

~~Husband~~ Wife of Michael Hurley

Father's Name — Mother's Name

Cause of Death: Primary — Paralysis — 42 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Democrat — 9-20

Address

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70[illegible]

cial Attention of Physicians is Respectfully Invited

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 5018 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, *under penalty of law.*

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 9 · 99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Joseph Sikes

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, Colored

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} city of Balto.

Duration of Residence in the City of Baltimore, 81 years

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, First (Primary) Bright's Disease

Second (Immediate) Uraemia

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetary

Date of Burial, May 11th 1899

Undertaker, W. J. Gray

Place of Business, 525 W Lanvale St

J. M. Holland M. D.,
Medical Attendant.

Address Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...n Relation to the Causes of Dea...

...below.

...ism—Mode of Death.

...er. Spinal Meningitis—Variety, whether Epidemic or simply Inflammatory.

Childbirth—Circumstances producing Death.

Cancer—Variety and Seat.

Calculus—Mode of Death.

Dentition—Mode of Death.

Disease of Heart—Variety. Valves involved.

Dropsy—Variety and Cause.

Enteritis and Gastro-Enteritis—Cause, whether Diarrhœal or not.

Erysipelas—Seat and Cause.

Fractures—Cause and Mode of Death.

Gangrene—Seat and Cause.

Gastritis—Cause.

Hernia—Variety and Mode of Death.

Insanity—Variety and Mode of Death.

Jaundice—Cause and Mode of Death.

Mania, Acute—Cause and Mode of Death.

Miscarriage—Cause and Mode of Death.

Malignant Pustule—Location and Cause.

Malformation—Variety.

Metritis—Variety and Cause.

Necrosis—Seat. Cause and Mode of Death.

Ovarian Tumor—Mode of Death.

Paralysis—Variety and Cause.

Peritonitis—Cause.

Phlebitis—Cause.

Pyaemia—Cause. Nature of Injury, if any.

Premature Birth—Cause. Fœtal age.

Preternatural Birth—Manner of.

Syphilis—Variety. Chief Location and Mode of Death.

Tetanus—Nature of Injury, if any.

Ulcer—Nature. Chief Location and Mode of Death.

Wounds—Cause, Variety, Seat and Mode of Death.

Abscess—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention Intemperance whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full — Certificate of Death

Mrs. Annie Rebecca Johnson

Died at Town: Woodbury — County: Baltimore — MARYLAND

Date 1899 — Month: 5 — Day: 22 — Age: Y. 62 M. D. — Native of — Occupation

~~Male~~ / Female — White / ~~Colored~~ — ~~Single~~ / Married / Widow / Widower / Divorced — Number of children living

Husband of / Wife

Father's Name

Mother's Name 57

Cause of Death — Primary: Bright's disease — How long sick

Death — immediate — Accident, Suicide, Homicide

Reported by Dem. May 27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name in Full Florence Johnson

Certificate of Death

Died at Town Luttenville County Baltimore MARYLAND

Date 1899 Month May Day 13 | Age Y. 16. M. - D. 24 | Native of Maryland | Occupation School girl

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ Divorced

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name George Johnson

Mother's Name Lucy Johnson

Cause of Death: Primary Consumption 22a — How long sick three weeks

Immediate Tuberculous Peritonitis, Dropsy &c — ~~Accident~~, Suicide, ~~Homicide~~

Reported by L. C. Peebles M.D.

Address Luttenville Md

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70706

...physician is respectfully invited to the Remarks below, and to List of Diseases...

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 5098 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death May 29 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Walter Jones

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 49 *Years,* ..... *Months* ..... *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 49 years

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, First, (Primary) Chronic Interstitial Nephritis

Second, (Immediate) Uraemia

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician

Place of Burial, Johns Hopkins Hosp for Anatomical purposes

Date of Burial, May 30 1899

..... M. D.,
Medical Attendant.

Undertaker, E. K. Stevenson

Place of Business, Health office *Address* Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

...inerated Below.

...RISM—Mode of Death.

...R SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Varicty, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full No 5234 Certificate of Death

Lena Kehoe

Died at Town Pikesville County Baltimore MARYLAND

Date 1899 Month 5 Day 16 | Age Y. 4 M. D. | Native of Md | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband Wife of

Father's Name Frank Kehoe Mother's Name Emma Kehoe

Cause of Death: Primary Pneumonia How long sick five days

Immediate Exhaustion 72

Accident, Suicide, Homicide

Reported by U. S. C. Mgr

Address Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM 8

Name In Full Still born Kelbaugh

Certificate of Death

Died at Town Oella County Baltimore MARYLAND

Date 189 9 Month May Day 29 | Age Y. — M. — D. — | Native of — — | Occupation — —

Male ~~Female~~ | White ~~Colored~~ | Married Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living ~~→~~

~~Husband~~ ~~Wife~~ of

Father's Name Amos Kelbaugh

Mother's Name Margaret Kelbaugh

Cause of Death — Primary Still born — How long sick

Immediate — ~~Accident, Suicide, Homicide~~

Reported by Thomas B. Driggs

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Henry Harrison Keller

Died at Town: Alpha P.O. County: Balto MARYLAND

Date 1899 Month: May Day: 30 | Age Y.: 73 M.: 2 D.: 15 | Native of: Md | Occupation: Retired farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 2

Husband ~~Wife~~ of: Mary Seybold Keller

Father's Name | Mother's Name

141

Cause of Death — Primary: General Debility — How long sick: 1 month

Immediate: Heart failure — Accident, Suicide, Homicide

Reported by: G. W. Shelton, M.D.

Address: Frostburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79898

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases o...

HEALTH DEPARTMENT, CITY OF BALTIMORE.

...t No. A 5069 **Office of Registrar of Vital Statistics.** Ward...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *acc... filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death o... deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sunday May 22/99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Lula Ketchum

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 3 *Years,* 10 *Months,* ... *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, ...

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give Street and Number.} 208 Jones st (Canton)

Cause of Death, First (Primary) Meningitis

Second (Immediate) Convulsions ✓

Duration of Last Sickness, 6 weeks —

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's

Date of Burial, May 25. 1899

Undertaker, Landa Sons

Place of Business, 710 Canton Ave

C. V. Akey M. D.,
Medical Attendant.

Address 2 Hudson st E.Y.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...ses of I

Enumerated Below.

...SM—Mode of Death.

SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full John W. Knight

Certificate of Death

Died at Town Hereford County Baltimore MARYLAND

Date 1899 Month 5 Day 27 | Y. M. D. Age 76 | Native of Maryland | Occupation Machinist

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living 7.

~~Husband~~ / ~~Wife~~ of Lydia Knight

Father's Name Ignatius Knight | Mother's Name Rachel Knight

Cause of Death — Primary: Asthenia. 153 | How long sick: one year

Immediate: Heart Failure | ~~Accident, Suicide, Homicide~~

Reported by A. K. Mitchell, M.D.

Address Hereford Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name In Full Ludwig Hahn

Certificate of Death

Died at Town Catonsville County Baltimore MARYLAND

Date 189 Month 3 Day 12 | Age Y. 33 M. D. | Native of Prussia | Occupation Chemist

Male / Female | White / ~~Colored~~ | Married / ~~Single~~ | Widow / Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name 46

Cause of Death — Primary: Dysentery

How long sick

Immediate: Suicide by hanging

Accident, Suicide, Homicide

Reported by B. H. Gundry M.D.

Address Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Certificate of Death

Abraham Koons

Died at Town: Coolspring County: Bucks MARYLAND

Date 1899 Month: 5 Day: 26 | Age Y. 70 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced | Number of children living

Husband of Wife

Father's Name

Mother's Name 96

Cause of Death: Primary Cancer Neck

Immediate

How long sick

Accident, Suicide, Homicide

Reported by J. C. P. E. Myers

Address Petersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70706

Attention of Physici[illegible]

HEALTH DEPARTMENT, CITY OF BALTIMORE.

No. A 5081 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Rev. John T. Landry

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the words not required in this line.}

Age, Sixty (60) *Years,* ——— *Months,* ——— *Days.*

Color, W.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Clergyman

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Louisiana

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give Street and Number.} St Agnes Hospital

Cause of Death, First (Primary) Tuberculosis

Second (Immediate) Exhaustion

Duration of Last Sickness, 10 Months in Hospital

All the above information should be furnished by the Physician.

Place of Burial, Germantown Pa

Date of Burial, May 29th 99

J. Holmes Smith M. D.,
Medical Attendant.

Undertaker, M. Fahey & Son

Place of Business, 606 Lafayette Av *Address* 204 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...ation to the Causes o...
Enumerated Below.

...ism—Mode of Death.

. Spinal Meningitis—Variety, whether Epidemic or simply Inflammatory.

Childbirth—Circumstances producing Death.

Cancer—Variety and Seat.

Calculus—Mode of Death.

Dentition—Mode of Death.

Disease of Heart—Variety. Valves involved.

Dropsy—Variety and Cause.

Enteritis and Gastro-Enteritis—Cause, whether Diarrhœal or not.

Erysipelas—Seat and Cause.

Fractures—Cause and Mode of Death.

Gangrene—Seat and Cause.

Gastritis—Cause.

Hernia—Variety and Mode of Death.

Insanity—Variety and Mode of Death.

Jaundice—Cause and Mode of Death.

Mania, Acute—Cause and Mode of Death.

Miscarriage—Cause and Mode of Death.

Malignant Pustule—Location and Cause.

Malformation—Variety.

Metritis—Variety and Cause.

Necrosis—Seat. Cause and Mode of Death.

Ovarian Tumor—Mode of Death.

Paralysis—Variety and Cause.

Peritonitis—Cause.

Phlebitis—Cause.

Pyaemia—Cause. Nature of Injury, if any.

Premature Birth—Cause. Fœtal age.

Preternatural Birth—Manner of.

Syphilis—Variety. Chief Location and Mode of Death.

Tetanus—Nature of Injury, if any.

Ulcer—Nature. Chief Location and Mode of Death.

Wounds—Cause, Variety, Seat and Mode of Death.

Abscess—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention Intemperance whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full

Certificate of Death

Town

County

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189		Age				

Male / Female

White / Colored

Married / Single / Widow / Widower / Divorced

Number of children living

Husband of
Wife

Father's Name

Mother's Name

220

Cause of Death — Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79803

Name in Full

Certificate of Death

Samuel Leer

Town: Sparrows Point | County: Balto | MARYLAND

Died at

Month	Day	Y	M.	D.	Native of	Occupation
May.	15	56	—	—	Pa.	Laborer

Date 1899 | Age

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ / ~~Widow~~ Widower / ~~Divorced~~ | Number of children living 3

Husband / Wife of —

Father's Name —

Mother's Name —

Cause of Death — Primary: Pneumonia 7 2 | How long sick

Immediate: Exhaustion | Accident, Suicide, Homicide

Reported by Frank L Eldred M.D.

Address Sparrows Pt. [redacted] Balto. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78706

Name in Full — Certificate of Death

Clarence N. Leutbecker Jr.,

Died at Town: White-Grounds County: Balto — MARYLAND

Date 1899 Month: May Day: 22nd Age: Y. 13 M. D. | Native of: America | Occupation: ——

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband / Wife of

Father's Name: Clarence N. Leutbecker | Mother's Name: Editta Leutbecker, 138 St

Cause of Death — Primary: Premature Birth — How long sick

Immediate: only 7½ Months Child — Accident, Suicide, Homicide

Reported by: Dr George F. Eberhart,

Address: Dickeyville Balto Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Wm H. Lindemuth

Died at Town Beaverdam County Berks — MARYLAND

Date 189 Month May Day 29 | Age Y. 67 M. D. | Native of md | Occupation farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widower~~ | Number of children living 10

Husband / Wife of Mary Fassett

Father's Name Wm H. Lindemuth | Mother's Name Eva Lindemuth

Cause of Death — Primary Apoplexy 42 | How long sick

Immediate Convulsions following | Accident, Suicide, Homicide

Reported by Dr. Henry

Address Hereford Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189

Age

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

72

Cause of Death: Primary

How long sick

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full

Mc Bean, Eliz. E

Certificate of Death

Died at Town: Catonsville County: Balto MARYLAND

Date 189 Month: May Day: 9 | Age Y. 41 M. D. | Native of Md | Occupation None

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living X

Husband / Wife of X

Father's Name X

Mother's Name X

Cause of Death — Primary: Dementia 46 — How long sick 6 mos

Immediate: Pulmonary Tuberculosis — ~~Accident, Suicide, Homicide~~

Reported by Paul Wade

Address Catonsville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full

Patrick McGreevy

Certificate of Death

Died at Town Govanstown County Baltimore MARYLAND

Date 189 9 Month 5 Day 27 Age Y. M. D. Native of Ireland Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5 Sons

Husband of

Wife

Father's Name

Mother's Name 161

Cause of Death — Primery: Had La Grippe about

Immediate: 8 hrs. ago.

How long sick

Accident, Suicide, Homicide

Reported by Mrs. Donnagh

Address [redacted] June 3

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Johnny Matthews

Certificate of Death

Died at Town Glen Burnie County Anne Arundel MARYLAND

Date 189 Month May Day 14 | Age Y. 32 M. D. | Native of | Occupation

Male / Female (Female) | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living One

Husband of
Wife

Father's Name

Mother's Name 5-7

Cause of Death — Primary: Heart disease

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Dr. John S. Green

Address Glen Burnie Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70498

Name in Full

Certificate of Death

Clara Mansfield

Died at Granity (Town) Balto (County) MARYLAND

Date 1899 Month: May Day: 5 | Age Y. 32 M. 3 D. 13 | Native of Md. | Occupation Servant

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single Widow ~~Divorced~~

Number of children living 2

~~Husband~~ Wife of Wm Mansfield (deceased)

Father's Name Geo. W. Wheat ~~Deceased~~ | Mother's Name Eliza Wheat

Cause of Death: Primary Hepatic Colic | How long sick 5 days

Immediate Exhaustion 92

~~Accident, Suicide, Homicide~~

Reported by H. F. Shipley Md.

Address Granity Balto Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Mrs Mary A. Melking — Certificate of Death

Died at Woodensburg (Town) Baltimore (County) MARYLAND

Date 1899 Month May. Day 1st | Age Y. 72. M. 2. D. 26. | Native of Germany | Occupation Retired

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced | Number of children living 6

Husband ~~of~~ Wife of George Melking

Father's Name John Killiah | Mother's Name Elizabeth Killian

Cause of Death — Primary: Heart Disease 5-7 | How long sick 4 months

Immediate: Dropsy | Accident, Suicide, Homicide

OVER

Reported by Jno A Wilson M.D

Address Fowblesburg Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70008

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate re-

ceived from_____

of_____

Name in Full

Certificate of Death

Mary A Milkins

Town: Woodensburg County: Balt

Died at Woodensburg Balt MARYLAND

Date 189 9 | Month 5 | Day 1 | Age Y. 72 M. 2 D. 6 | Native of Germany | Occupation none

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living 6

Husband / Wife of George Milkins

Father's Name

Mother's Name

Cause of Death — Primary: Heart disease 57 — How long sick 4 mo

Immediate: Dropsy

Accident, Suicide, Homicide

Reported by Dr. Joseph Nelson

Address Finksburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Record No.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the List of Diseases on the back of this Certificate.

CERTIFICATE OF DEATH.

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.

Permit No. 1

Date of Death May 25" 1899

Full name of Deceased Isaac R Michael
(If an unnamed Infant, insert full names of both Parents.)

Sex Male

Age 57 Years — Months — Days.

Color White

Married, ~~Single, Widow or Widower.~~

Occupation Conductor

Birthplace Ind

Duration of Residence in the District of Columbia 15 Years

Nativity of Father Ind Nativity of Mother Ind

Place of Death [Give Street and Number.] Emergency Hospital

Cause of Death { Primary Atheromatous Bloodvessels
Immediate Cerebral Hemorrhage

Duration of Last Sickness About 6 hours

All of the above information should be furnished by the Physician.
In case of death by a zymotic disease, please state what, if any, local cause exists to produce the same.

Place of Burial

Date of Burial

{ Undertaker
{ Place of Business

W P Carr M. D.

Address Coroner

Apnœa, Exhaustion, Heart Failure, and kindred terms must not be certified as *Primary* cause of death.

In case of death from other than natural causes, the death certificate must be signed or approved by the Coroner prior to the issue of a burial permit.

Extract from Regulations to Secure a Full and Correct Record of Vital Statistics in the District of Columbia.

SECTION 4. That whenever any person shall die within the District of Columbia it shall be the duty of the Physician attending such person dur[ing] his or her last sickness, or of the Coroner of the District, when the case comes under his official notice, to furnish and deliver to the undertaker, or oth[er] person superintending the burial of said deceased person, a certificate, duly signed, setting forth, as far as the same may be ascertained, the name, age, color, sex, nativity (giving State or country), occupation, whether married or single, duration of residence in the District of Columbia, cause, date, and place of Death (giving street and number), and duration of last sickness, of such deceased person. And it shall be the duty of the undertaker, or other person in charge of the burial of such deceased person, to state in said certificate the date and place of burial, and, having signed the same, to forward it to the Registrar aforesaid within twenty-four hours after such death: *Provided*, That in case of death from any infectious or contagious disease, said certificate shall be so made and forwarded within eight hours thereafter.

The following additional information is requested in relation to the Causes of Death enumerated below:

ABSCESS—Variety and Seat.

*ANEURISM—Mode of Death.

CER. SPIN. MENINGITIS—Variety, whether epidemic or simply inflammatory.

CHILDBIRTH—Circumstances producing death.

*CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause, and Serous Sac involved.

ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

*HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT POSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

*OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety, Chief Location, and Mode of Death.

TETANUS—Nature of injury, if any.

ULCER—Nature, Chief Location, and Mode of Death.

WOUNDS—Cause, Variety, Seat, and Mode of Death.

Specify every Surgical Operation with fatal results.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

In Diseases marked thus * state if operation has been performed.

In cases of Death resulting from Violence, the death certificate must be signed or approved by the Coroner.

WM. C. WOODWARD, M. D.,
Health Officer.

Name In Full

Certificate of Death

Mens Miller

Died at Town: Baldwin County: Baltimore Co MARYLAND

Date 1899 Month: May Dey: 31 | Age Y. 28 M. D. | Native of: Penn. | Occupation: Bookagent

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

22a

Fether's Neme: John Miller | Mother's Name: Barbara Miller

Ceuse of Deeth: Primery: Consumption | How long sick: About 2 years

Immediete: gradual loss of vitality | Acc~~ident~~ ~~Suicide~~, ~~Homicide~~

Reported by A. J. Norris, M.D.

Address Long Green Md

Must be signed by physician, if eny in attendence, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70848

Name in Full — Certificate of Death

Lillian F Myers

Died at — Town: Catonsville — County: Baltimore — MARYLAND

Date 189[illegible] — Month: May — Day: 5 11 — Age: Y. 2 M. 6 D. 15 — Native of: Maryland — Occupation: —

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living

Husband / Wife of

Father's Name: Harry Myers — Mother's Name: Caroline Hockel

Cause of Death — Primary: Diphtheria 8 da — How long sick: 13 days

Immediate: Nephritis — Complete suppression of urine — Accident, Suicide, Homicide

Reported by: Chas F Mccgill MD

Address: Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65069

Duplicate

Record No.

...ne Special Attention of Physicians is respectfully invited to the Remarks below, and to the List of Diseases on the back of this Certific...

CERTIFICATE OF DEATH.

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.

Permit No.

Date of Death May 25th 1899

Full name of Deceased Elizabeth A. Parker
(If an unnamed Infant, insert full names of both Parents.)

Sex Female

Age 61 Years 4 Months — Days.

Color White

~~Married, Single~~, Widow or ~~Widower~~. Widow

Occupation —

Birthplace England

Duration of Residence in the District of Columbia 18 mos.

Nativity of Father English Nativity of Mother English

Place of Death [Give Street and Number.] 417- 2nd st N.E.

Cause of Death { Primary Valvular Disease of Heart
Immediate Dropsy

Duration of Last Sickness 4 mos.

All of the above information should be furnished by the Physician.
In case of death by a zymotic disease, please state what, if any, local cause exists to produce the same.

Place of Burial

Date of Burial

{ Undertaker J Wm. Lee
{ Place of Business 332 Pa Ave N W

W. B. Steel M.D.
Pa Ave N.W.

Address 1102-9 st N W

Apnœa, Exhaustion, Heart Failure, and kindred terms must not be certified as *Primary* cause of death.

In case of death from other than natural causes, the death certificate must be signed or approved by the Coroner prior to the issue of a burial permit.

Extract from Regulations to Secure a Full and Correct Record of Vital Statistics in the District of Columbia.

SECTION 4. That whenever any person shall die within the District of Columbia it shall be the duty of the Physician attending such person during his or her last sickness, or of the Coroner of the District, when the case comes under his official notice, to furnish and deliver to the undertaker, or other person superintending the burial of said deceased person, a certificate, duly signed, setting forth, as far as the same may be ascertained, the name, age, color, sex, nativity (giving State or country), occupation, whether married or single, duration of residence in the District of Columbia, cause, date, and place of Death (giving street and number), and duration of last sickness, of such deceased person. And it shall be the duty of the undertaker, or other person in charge of the burial of such deceased person, to state in said certificate the date and place of burial, and, having signed the same, to forward it to the Registrar aforesaid **within twenty-four hours after such death**: *Provided*, That in case of death from any infectious or contagious disease, said certificate shall be so made and forwarded within eight hours thereafter.

The following additional information is requested in relation to the Causes of Death enumerated below:

ABSCESS—Variety and Seat.

*ANEURISM—Mode of Death.

CER. SPIN. MENINGITIS—Variety, whether epidemic or simply inflammatory.

CHILDBIRTH—Circumstances producing death.

*CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause, and Serous Sac involved.

ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

*HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT POSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

*OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety, Chief Location, and Mode of Death.

TETANUS—Nature of injury, if any.

ULCER—Nature, Chief Location, and Mode of Death.

WOUNDS—Cause, Variety, Seat, and Mode of Death.

Specify every Surgical Operation with fatal results.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

In Diseases marked thus * state if operation has been performed.

In cases of Death resulting from Violence, the death certificate must be signed or approved by the Coroner.

WM. C. WOODWARD, M. D.,
Health Officer.

Name in Full

Certificate of Death

Annie Catherine Peirce

Town

Died at Dickeyville

County

Baltimore

MARYLAND

Date 189 9 Month 5 Day 12 | Age Y. 39 M. — D. — | Native of | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 1

~~Husband~~ Wife of Benj. Peirce

Father's Name Charles Kidwell

Mother's Name 22 C

Cause of Death — Primary: Intestinal Tuberculosis — How long sick six months

Immediate: Asthenia

~~Accident, Suicide, Homicide~~

Reported by J. Leander McCormick M.D.

Address Dickeyville Balto. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

The Special Attention

HEALTH DEPARTMENT, CITY OF BALTIMORE

Permit No. A 5734 **Office of Registrar of Vital Statistics.**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Rufus J Pollock

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, — *Years,* — *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or County, and how long in the United States, if of foreign birth.} S Spurnis Point Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} S Spurnis Point Md

Cause of Death, First (Primary) Meningitis

Second (Immediate) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 10 99

Undertaker, Armstrong Denny Co.

Place of Business, 711 Light

Frank C Eldred M. D.,
Medical Attendant.

Address S Spurnis Point

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...ode of Death.

...AL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

...ILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full

John R Reese

Certificate of Death

Died at Town: Owings Mills County: Balto MARYLAND

Date 189 4 Month: May Day: 28 | Age Y. 76 M. D. | Native of Carroll Co Md | Occupation

~~Male~~ Female ~~White~~ ~~Coloured~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living Four

Husband of —
Wife

Father's Name Andrew Reese Mother's Name Rebecca Routzahn

Cause of Death — Primary: Rheumatism and indigestion — How long sick: about ten months

Immediate: Infirmities of old age 141 — Accident, Suicide, Homicide

Reported by W H H Caufield M.D.

Address Owings Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Attended by Dr._____

of_____

Information contained in this certificate re-

ceived from_____

of_____

Name in Full No 5026 X

Certificate of Death

Reinhardt

Died at Town Mt Winans County Balto MARYLAND

Date 1899 Month 5 Day 12 | Age Y. X M. X D. X | Native of Md | Occupation X

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of ~~children~~ living

Husband / Wife of X

Father's Name Louis F. Reinhardt | Mother's Name Emma Reinhardt

Cause of Death: Primary Still Birth | How long sick

Immediate | Accident, Suicide, Homicide

Reported by H Bishall M.D.

Address Mt Winans

Must be signed by physician, if any in attendance, otherwise ~~by~~ coroner, undertaker or minister.

LIBRARY BUREAU, 63068

Name In Full — Certificate of Death

Sarah Ann Riddell

Town — County

Died at Ft. Covington — Baltimore — MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Dete 189	5	22	Age 74			

Male ~~Male~~ — White — ~~Married~~ — Widow — Divorced

Femele — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living 3

~~Husband~~ of Wife — John A. Riddell

Father's Name — Mother's Name — 28

Ceuse of Death — Primary — Senility, Pulmonary Congestion of Left Lung

Immediate — Exhaustion

How long sick — 1 day

Accident, Suicide, Homicide

Reported by — E. P. Lano M.D.

Address — 1830 E Baltimore

Must be signed by physicien, if any in attendance, otherwise by [illegible]ner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full

Certificate of Death

Raymond H. Rothberg

Died at Town: Finksburg County: Balto Co MARYLAND

Date 1899 Month 5- Day 26 | Age Y. 1- M. 2- D. 11 | Native of Balto. | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced (Number of children living)

Husband / Wife of

Father's Name William H. Rothberg | Mother's Name L. Grace Rothberg

Cause of Death — Primary: 39a — How long sick: Two weeks

Immediate: Meningitis

Accident, Suicide, Homicide

Reported by Jos A Wilson MD

Address Finksburg

Must be signed by physician, if any in attendance, otherw[illegible] coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full — Certificate of Death

Mary E. Sakers.

Died at Town: Dickeyville County: Balto MARYLAND

Date 189 9 Month: May Day: 9th | Age Y. 66 M. yrs D. | Native of America | Occupation None.

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

~~Husband~~ Wife of | Number of children living

Father's Name: Jackson Sakers Dead, Mother's Name: Dead 57

Cause of Death — Primary: Valvular Heart Trouble — How long sick: Several Months

Immediate: " " — ~~Accident, Suicide, Homicide~~

Reported by: George F. Eichart M.D.

Address: Dickeyville Balto Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name In Full

Certificate of Death

Julia R. Simms Scrivener

Died at Town: Rella County: Baltimore MARYLAND

Date 189 9 Month: May Day: 22 | Age Y. 23 M. — D. — | Native of Md | Occupation Housewife

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

~~Husband~~ / Wife of Bernard Simms

Father's Name Joseph R. Simms Mother's Name Mary E. Bagent

Cause of Death — Primary: Epilepsy — How long sick: 1 week

Immediate: Heart failure — ~~Accident, Suicide, Homicide~~

Reported by Geo. B. Onnap

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full

Certificate of Death

Geo Seebook

Died at Highlandtown (Town) Balto (County) MARYLAND

Date 189 9 Month 5 Day 20 Age Y. 48 M. — D. Native of Eng Occupation Machinist

Male / ~~Female~~ White / ~~Colored~~ Married / ~~Widow~~ / ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name —

Mother's Name —

Cause of Death: Primary Pneumonia 72 — How long sick 1 week

Immediate Consolidation of Lungs — ~~Accident Suicide Homicide~~

Reported by J C Schofield MD

Address 1114 18th St Highlandtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name In Full

Certificate of Death

Mr Andrew Smith

Died at Town Hurlock County Baltimore Co MARYLAND

Date 189 9 Month May Day 9- | Age Y. 38 M. 5 D. 9- | Native of [illegible] | Occupation Farmer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced

Number of children living 2

Husband of Wife husband. c 5-7

Father's Name Benjamin Smith

Mother's Name Mrs L Smith

Cause of Death — Primary: Pneumonia Duration 6 months

Immediate: Pneumonia Heart Failure

How long sick

Accident, Suicide, Homicide

Reported by Dr E W Maynard

Address 708 Essex Ave Balto City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79893

Attended by Dr. G. W. Lennard

of Baltimore, Md.

Information contained in this certificate received from

of

Name in Full

Certificate of Death

Mary A. Timms

Town

County

Died at Baltimore MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189 9 13 74 | Age 10

Male | White | Married | Widow | Divorced

Female | ~~Colored~~ | Single | Widower | Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Pneumonia 72 — How long sick: 1 week

Immediate: Asthenia — Accident, Suicide, Homicide

Reported by S. A. Baldwin

Address [redacted] Eager, Baltimore Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7988R

Certificate of Death

Name in Full Sturkey, George H.

Died at Town Lealmsville County Baltimore MARYLAND

Date 1899 Month May Day 10 | Age Y. 29 M. D. | Native of Md | Occupation Farmer

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single / ~~Widow~~ / Widower / ~~Divorced~~ | Number of children living X

Husband / Wife of X

Father's Name George T. Sturkey | Mother's Name X

Cause of Death: Primary Dementia 22 d | How long sick 6 mos.

Immediate Pulmonary Tuberculosis | ~~Accident, Suicide, Homicide~~

Reported by Percy Wade

Address Master's Lealmsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Josephine Stortz

Certificate of Death

Died at — Town: Highlandtown — County: Balto — MARYLAND

Date 189? — Month: May — Day: 8 — Age: Y. 3 M. 10 D. — Native of: US — Occupation:

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband of / Wife

Father's Name

Mother's Name

Cause of Death — Primary: Convulsions 49 — How long sick: 7 days

Immediate — Accident, Suicide, Homicide

Reported by — C. N. Athey

Address — #2. Hudson st Ex

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 25268

Name in Full * 5079 Certificate of Death

Carl A. S. Taylor

Died at Town: Leonard Town County: Baltimore MARYLAND

Date 1899 Month: 5 Day: 26 | Age Y. 82 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widowed~~ Widower Divorced | Number of children living Several

Husband of Wife

Father's Name | Mother's Name 141

Cause of Death: Primary — Senile debility — How long sick

Immediate — Accident, Suicide, Homicide

Reported by W. O. E. Mason

Address Piney Neck Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Chas Herbert Teague

Certificate of Death

Died at Pikesville (Town) Baltimore (County) MARYLAND

Date 1899 Month 5 Day 16 | Age Y. 2 M. 9 D. 14 | Native of Maryland | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 1

Husband / Wife of

Father's Name Chas Teague

Mother's Name Emma Teague

Cause of Death — Primary: Diphtheria 8a — How long sick 8 days

Immediate

~~Accident, Suicide, Homicide~~

Reported by N Louis Naylor M.D.

Address Pikesville Balt. Co. Md

Must be signed by physician, if any in attendence, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70706

Name in Full

Certificate of Death

Margaret Lyon

Town

Died at Rosemiller

County

Balto

MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	May	26	14	mos		Md	———

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name: Frank C Lyon

Mother's Name: Carrie Lyon

Cause of Death:

Primary: Rachitis — How long sick: 132

Immediate: Heart failure — Accident, Suicide, Homicide

Reported by: S. Weis Mace MD

Address: Rosemiller Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full — Certificate of Death

Richard Walzl. 13th Dist

Died at St Denis, (Town) Baltimore (County) MARYLAND

Date 1899 May (Month) 10 (Day) | Age Y. 54 M. 9 D. - | Native of Austria | Occupation Photographer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 3

Husband of Wife Henrietta Walzl - (née Schick)

Father's Name Richard Walzl - | Mother's Name ——— Walzl.

Cause of Death: Primary Hemiplegia — How long sick 11 days.

Immediate Cerebral Hemorrhage — ~~Actual Signature Physician~~

Reported by Mrs R. Earickson

Address Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 88468

No. A

al Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

HEALTH DEPARTMENT, CITY OF BALTIMORE.

mit No. A 5068 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certific *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Ce

CERTIFICATE OF DEATH.

Date of Death May 24th 1899 8 A M.

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Peter Ward

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 59 *Years,* *Months* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Ireland U.S 35 yrs Balt 35 yrs

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First, (Primary) Mitral Regurg C. D. Nephritis

Second, (Immediate) Asthenia

Duration of Last Sickness, ~~One year~~ Jany 10th 99.

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cem.

Date of Burial, May 25/99

F. W. Hollund M. D.,
Medical Attendant.

Undertaker, Henry Stock

Place of Business, 1013 N. Central Ave *Address* Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

The Following Additional Information is Requested in Relation to the Causes of Death Enumerated Below.

ISM—Mode of Death.

SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full — Certificate of Death

Paul Stiller

Died at Highlandtown (Town) Balto (County) Md MARYLAND

Date 189 9, Month 5, Day 18 | Age Y. 35 M. – D. – | Nativity of Germany | Occupation Brew Maker

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living 7

Husband / Wife of Mary Willig

Father's Name —

Mother's Name —

Cause of Death — Primary: Typhoid Fever — How long sick 3 —

Immediate: Exhaustion

Accident / Suicide / Homicide

Reported by J Schofield M D

Address 1114 1/2 Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70708

Name In Full

Isaac N. Wilson

Certificate of Death

Died at Town Woodbury County Baltimore MARYLAND

Date 189 9 Month 5 Day 22 | Y. 43 M. D. | Native of | Occupation

Male / ~~Female~~ | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: Fell down on 15-2a — How long sick

Immediate: embankement — Accident, Suicide, Homicide

Reported by Dem. May 27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79815

al Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 5088 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certific *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death o said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death May 29. 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Maria Wilson

~~Sex, Male or Female,~~ {Cross out the words not required in this line.}

Age, 70 *Years,* *Months* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housework

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, First, (Primary) Apoplexy

Second, (Immediate) Asthenia

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel cemetery

Date of Burial, June 1 1899

Undertaker, J H Owens

Place of Business 605 N Biddle St

J. W. Holland M. D.,
Medical Attendant.

Address Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

...ses of Death

Enumerated Below.

...—Mode of Death.

SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases o.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 5065 **Office of Registrar of Vital Statistics.** Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 23 99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Thomas Wisniewski

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 53 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, First (Primary) Chronic Nephritis.

Second (Immediate) Asthenia

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Mt. Lebanon Cem

Date of Burial, May 24 99 J. W. Holland M. D.,
Medical Attendant.

Undertaker, W. Lipsel & Son

Place of Business, 3301 Boston St Address Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...ation is requested ... tion to the

Enumerated Below.

...sis—Mode of Death.

...r. Spinal Meningitis—Variety, whether Epidemic or simply Inflammatory.

Childbirth—Circumstances producing Death.

Cancer—Variety and Seat.

Calculus—Mode of Death.

Dentition—Mode of Death.

Disease of Heart—Variety. Valves involved.

Dropsy—Variety and Cause.

Enteritis and Gastro-Enteritis—Cause, whether Diarrhœal or not.

Erysipelas—Seat and Cause.

Fractures—Cause and Mode of Death.

Gangrene—Seat and Cause.

Gastritis—Cause.

Hernia—Variety and Mode of Death.

Insanity—Variety and Mode of Death.

Jaundice—Cause and Mode of Death.

Mania, Acute—Cause and Mode of Death.

Miscarriage—Cause and Mode of Death.

Malignant Pustule—Location and Cause.

Malformation—Variety.

Metritis—Variety and Cause.

Necrosis—Seat. Cause and Mode of Death.

Ovarian Tumor—Mode of Death.

Paralysis—Variety and Cause.

Peritonitis—Cause.

Phlebitis—Cause.

Pyaemia—Cause. Nature of Injury, if any.

Premature Birth—Cause. Fœtal age.

Preternatural Birth—Manner of.

Syphilis—Variety. Chief Location and Mode of Death.

Tetanus—Nature of Injury, if any.

Ulcer—Nature. Chief Location and Mode of Death.

Wounds—Cause, Variety, Seat and Mode of Death.

Abscess—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention Intemperance whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full Elizabeth Plumpton

Certificate of Death

Town Curtis Bay County Baltimore

Died at MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189 3-27 | Age 82-6

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary Pneumonia — How long sick 2 days.

Immediate — Accident, Suicide, Homicide

Reported by Dr. Geo. H. Crooke

Address Curtis Bay

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Name in Full — Certificate of Death

William Sommerville Zimmerman

Died at Town: Roland Park — County: Baltimore — MARYLAND

Date 1899 Month: May Day: 8 — Age: Y 54 M. D. — Native of: Baltimore — Occupation: Insurance

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ — Number of children living: Six

~~Wife~~ Husband of Gertrude Goldsborough

Father's Name: John W. Zimmerman — Mother's Name: Harriett Graves

Cause of Death — Primary: Cerebral Hemorrhage 42 — How long sick: 3½ days

Immediate: Paralysis ~~Under 5 years, Under 1 year~~

Reported by L. Gibbons Frank M.D.

Address 414 Fryer Ave Roland Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706